

Health Behavior Change

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The traditional biomedical method of patient counseling

- Patient education materials provided to patient, often when they are leaving the doctor's office or at the pharmacy when they pick up the prescription
- Auxiliary Rx bottle labels as the primary form of communication
- Limited to no discussion regarding
 - ◆ Medication's value
 - ◆ Patient's understanding of disease
 - ◆ Patient's understanding of therapy
 - ◆ Patient's readiness to accept treatment
- Assumes the patient will follow the doctor's orders
- Interventions following this model are unlikely to cause sustained changes in adherence



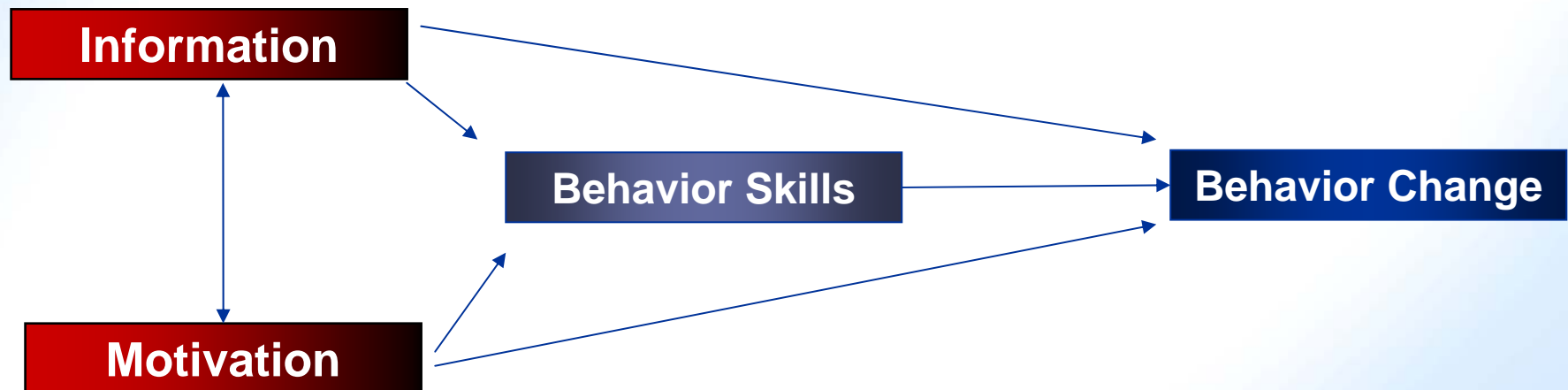
WHO. *Adherence to Long-Term Therapies: Evidence for Action*. WHO; 2003:135-149.

Berger BA. *Case Manager*. 2004:15:46-50.

Miller WR, et al. *Motivational Interviewing*. 2002:217-250.

Behavioral model: Information-motivation-behavioral skills model

- Presence of both information and motivation increase the likelihood of adherence
- Interventions based on this model have been effective in influencing behavioral change in a variety of clinical applications



The case for Health Behavior Change

- Managing an illness requires behavior modification
- To effectively change behavior, a patient must be ready to make the necessary changes
- Resistance can be turned into motivation
- Helps build the patient's confidence for success
- Improves patient–provider relationships, which leads to better adherence
- When this model has been used in smoking cessation, alcohol/drug rehabilitation, and medication nonadherence, positive behavior changes occurred

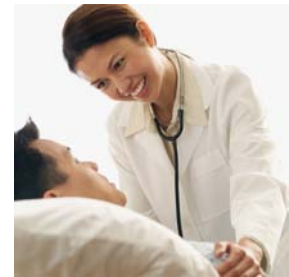
Health Behavior Change

A strategy and collection of methods geared to the brief patient-centered consultation based on:

- Motivational Interviewing
- Stages of Change Model

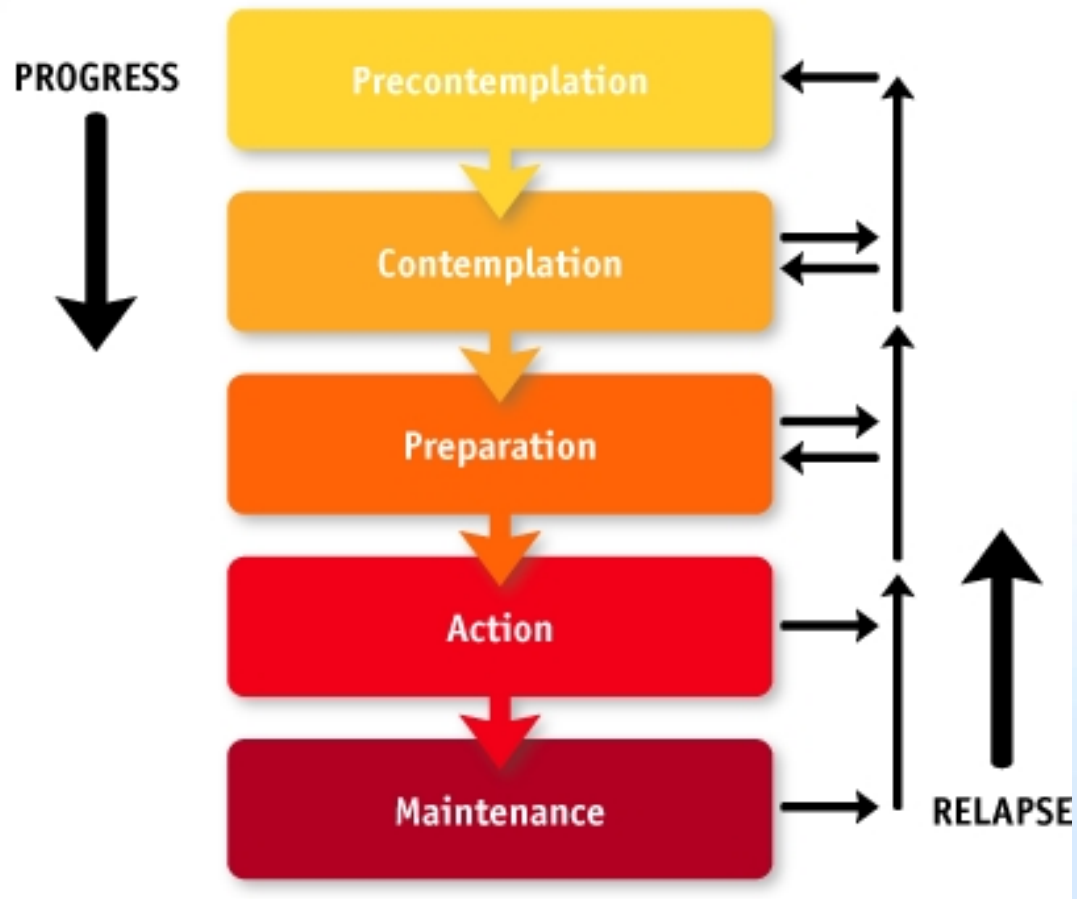
It is a method of communication that is:

- Patient-centered
- Directive
- Effective and enhancing motivation to change by exploring and resolving **ambivalence**



Stages of change model

- 5 stages of change
- By identifying patient's position in the change process, health care providers can tailor intervention, usually with skills they already possess
- Focus is not to convince patient to change behavior but to help patient move along stages of change



Precontemplation stage

■ Characteristics

- ◆ Patient not even considering changing
- ◆ May be in denial or not consider problem serious
- ◆ May have tried to change and failed so many times they have given up

■ Strategies

- ◆ Educate on risks benefits
- ◆ Highlight the positive outcomes related to the change

■ Example

- ◆ Smoker is in denial of health risks: “heart attack won’t happen to me, my father smoked for 92 years”

Contemplation stage

■ Characteristics

- ◆ Person is ambivalent about changing
- ◆ During this stage the person weighs benefits costs or barriers of the change including time, expense, fear

■ Strategies

- ◆ Identify barriers and misconceptions the patient has
- ◆ Address their concerns and identify appropriate support systems

■ Example

- ◆ A patient with high cholesterol recognizing need to change: “I know I need to change my diet, but I don’t want to give up the foods I like”

Preparation stage

■ Characteristics

- ◆ The person is prepared to experiment with small changes

■ Strategies

- ◆ Develop realistic goals and timelines for the change
- ◆ Don't try too many changes or too much change all at once
- ◆ Provide positive reinforcement about patient's willingness to change

■ Example

- ◆ Overweight patient preparing to exercise by identifying exercise facilities in their area and planning on how to fit this into their schedule

Action stage

■ Characteristics

- ◆ The person takes definitive action to change their behavior

■ Strategies

- ◆ Provide positive reinforcement
- ◆ Remind them of the positive benefits of the change
- ◆ Verify their support system

■ Example

- ◆ Patient with high blood pressure fills medication, self-monitors BP daily, and continuously takes medication. They use reminder system to help them not forget to take medication

Maintenance and relapse prevention stage

■ Characteristics

- ◆ The person strives to maintain the new behavior over the long term

■ Strategies

- ◆ Provide encouragement and support
- ◆ Identify any potential barriers that may sideline them from their goals

■ Example

- ◆ Patient refills their medication regularly, continues to follow their diet, and incorporates daily visits to the gym

Stages of Change Model

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Stages of
Change

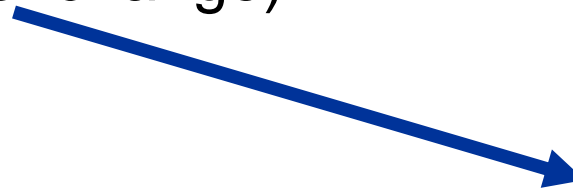


The ingredients of readiness to change

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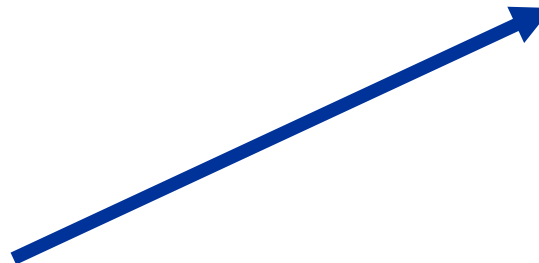
Importance &
Confidence

Importance (*Why* should I change?)
(personal values and expectations
of the importance of change)



Readiness

Confidence
(*How* will I do it?)
(self-efficacy)



Explore importance

Menu of strategies

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Change

Importance &
Confidence

- Scaling questions
- Examine the pros and cons
- Explore concerns about the behavior
- A hypothetical look over the fence
- Do little more

Building confidence

Menu of strategies

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Change

Importance &
Confidence

- Scaling questions
- Brainstorm solutions
- Past efforts – success and failures
- Reassess confidence
- Do little more

Examine the pros and cons

Patient who needs to make changes in diet

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Importance &
Confidence

No Change	Change
Costs Feel unattractive, difficult to buy nice clothes, greater risk of heart disease and diabetes	Costs Will have to think about what to eat all the time, will have to give up favorite foods, healthy food is expensive
Benefits Don't have to think about what to eat, can eat the same food as the family, can eat the food I really like	Benefits Feel good about achievement, feel healthier, will be able to buy nice clothes, able to be more active

Brainstorm solutions

- Encourage patients to select goals and determine strategies to achieve them
- Practitioner can offer a range of options for the patient:
 - ◆ *“There is usually many possible courses of action”*
 - ◆ *“I can tell you about what’s worked for other people, you will be the best judge of what works for you”*
 - ◆ *“Let’s go through some options together”*
- Help the patient set small, achievable targets
- Establish a realistic timeframe

Past efforts – success and failures

- Expectations are frequently related to past experiences
- Confidence can be undermined by perceived repeated failure
- Help patient to see the past as a valuable resource in planning for a success
- Guide conversation toward talk about strengths and solutions
 - ◆ Ask patient about their most successful attempt to date, what made it different from other attempts
 - ◆ Are any of these differences things that can be built into the current plan?

Do little more

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Importance &
Confidence

- Strategy used with the ambivalent patient who believes the behavior change is not important
- May need to turn the discussion of behavior change to another issue or end the consultation

Final Questions



Helpful resources

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